

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)		RECEIVED
TATSU	JRO YAMAZAKI, ET AL.	:	Examiner: L. Lao Group Art Unit: 2673	NOV 1 8 2004
Application No.: 09/542,460)	Group Art Omt. 2073	Technology Center 2600
Filed: April 4, 2000)		
For:	IMAGE FORMING APPARATUS)	November 12, 2004	

Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND FIRST SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

In response to the Office Action dated August 11, 2004, the Examiner is respectfully requested to amend the above-identified application as follows:

In re Application of:

RECEIVED

Application No.: 09/542,460

NOV 1 8 2004

Examiner: L. Lao

Filed: April 4, 2000

Technology Center 2600 Group Art Unit: 2673

For: IMAGE FORMING APPARATUS

TATSURO YAMAZAKI, ET AMAT

Date: November 12, 2004

Docket No.: 00862.021883

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	·	CI	LAIMS AS AMEN	DED		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	MINUS	20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	2	MINUS	4	= 0	x \$44 \$88	\$ -0-
	ltiple Dependent clai	ims \$150°/S	\$300			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ -0-

^o Verified Statement claiming small entity status is enclosed, if not filed previously.
A check in the amount of \$ is enclosed.
Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Attorney for Applicants
Scott D. Malpede
Registration No. 32,533

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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